



Information Technology Commission

Integrated Behavioral Health Information System (IBHIS) Project

January 7, 2013

Project Goal

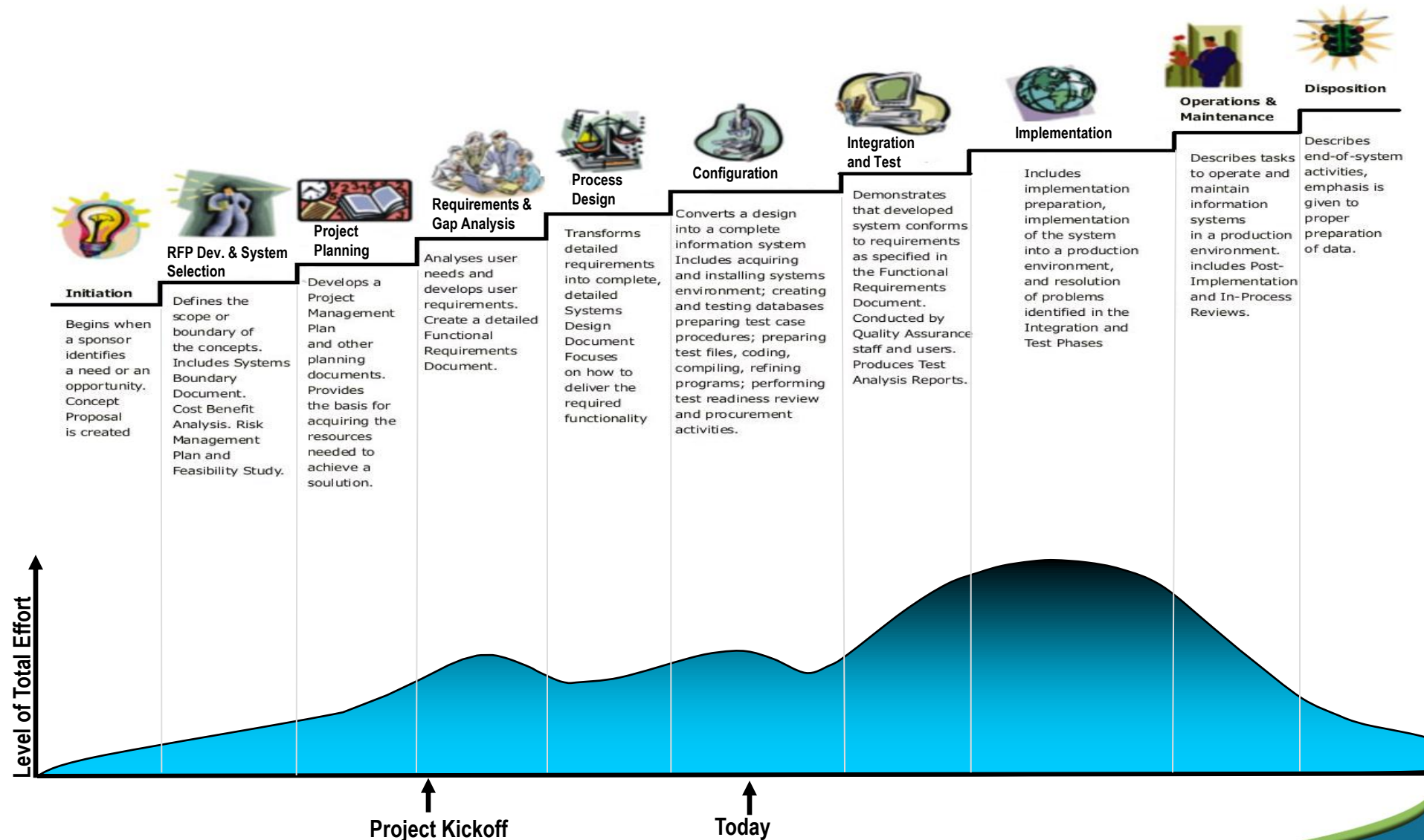


Transition to a paperless electronic health record that will enable the department to:

- Improve clinical the quality and efficiency of mental health service delivery
- Establish the foundation for electronic data exchange
- Meet federal mandates
 - American Recovery and Reinvestment Act (ARRA)
 - HITECH - Health Care Reform
 - Meaningful Use of an Electronic Health Record
- Meet State mandates
 - MHSa program transformation and reporting
 - California Medi-Cal Uninsured Care 1115 Waiver



IBHIS Project Stages



Status



Project two to three months behind Schedule

Project Milestones

	Baseline 2/21/2012	Projected Date
Pilot 1 Start*	6/18/2013	10/31/2013
System Acceptance	10/17/2013	TBD

Key Deliverables

Deliverable 8.5 - System Performance Test	5/16/2013	TBD
Deliverable 9.4 – Conversion	12/31/2012	TBD
Deliverable 10.3 - Final System Acceptance	10/17/2013	TBD

*Date is tentative pending work-in-progress to revise the Detailed Project Schedule



Project Successes

- Broad end-user participation from across DMH
- Avatar functional knowledge transfer - DMH Business Analysts can demonstrate Avatar
- Initial Project Team Training Completed
- Most configuration decisions made, but some critical financial decisions still pending
- Initial configuration work in progress
- Test scripts being developed
- Remote Hosting Data Center Setup Complete with the exception of finalizing the dedicated Gigabyte link (Jan 2013 expect complete)
- Interface work in progress



Project Concerns - Delay Factors

- Gap Review and Configuration Data Gathering took longer than anticipated
 - Conceptual challenges - Difficult to understand the “to be” state
 - Some key decision makers had difficulty breaking free of other commitments early in the process
 - DMH process knowledge sometimes siloed
 - 50+ funding source definitions – much more complex than NTST has seen before
 - Vendor may have underestimated the complexity of LA County DMH and the fact that scale influences the decision making process



Risk Mitigation Actions

- Continue to gather information to configure the system while pursuing assistance from NTST for the critical centralized billing office functions
- Continue to demonstrate vs. discuss “to be” IBHIS
- Reallocate resources where possible to facilitate critical-path work
- Prioritize – what must be done for Pilot 1 and what can wait
- DMH HR providing near dedicated resources to assist CIOB in filling vacancies (vacancies reduced from 30 to 15 since that action taken)



Risk Mitigation Actions

- Netsmart providing more guidance on best practices based on COTS solution and other implementations
- More disciplined management of project meetings
- Increased attention to tracking LA DMH assignments and due dates
- Build the understanding that IBHIS, once configured, can still be changed if new information suggests a different configuration decision



Project Resources

- IBHIS CIOB Core Team:
 - 22 dedicated FTEs, 5 of which are vacant
- IBHIS non-CIOB Team:
 - Approximately 25 Financial members
 - Approximately 100+ Clinical members involved through configuration sessions and other meetings
- IBHIS Program of Related Projects:
 - 32 FTEs, approximately 10 vacant FTEs that would be contributing if filled



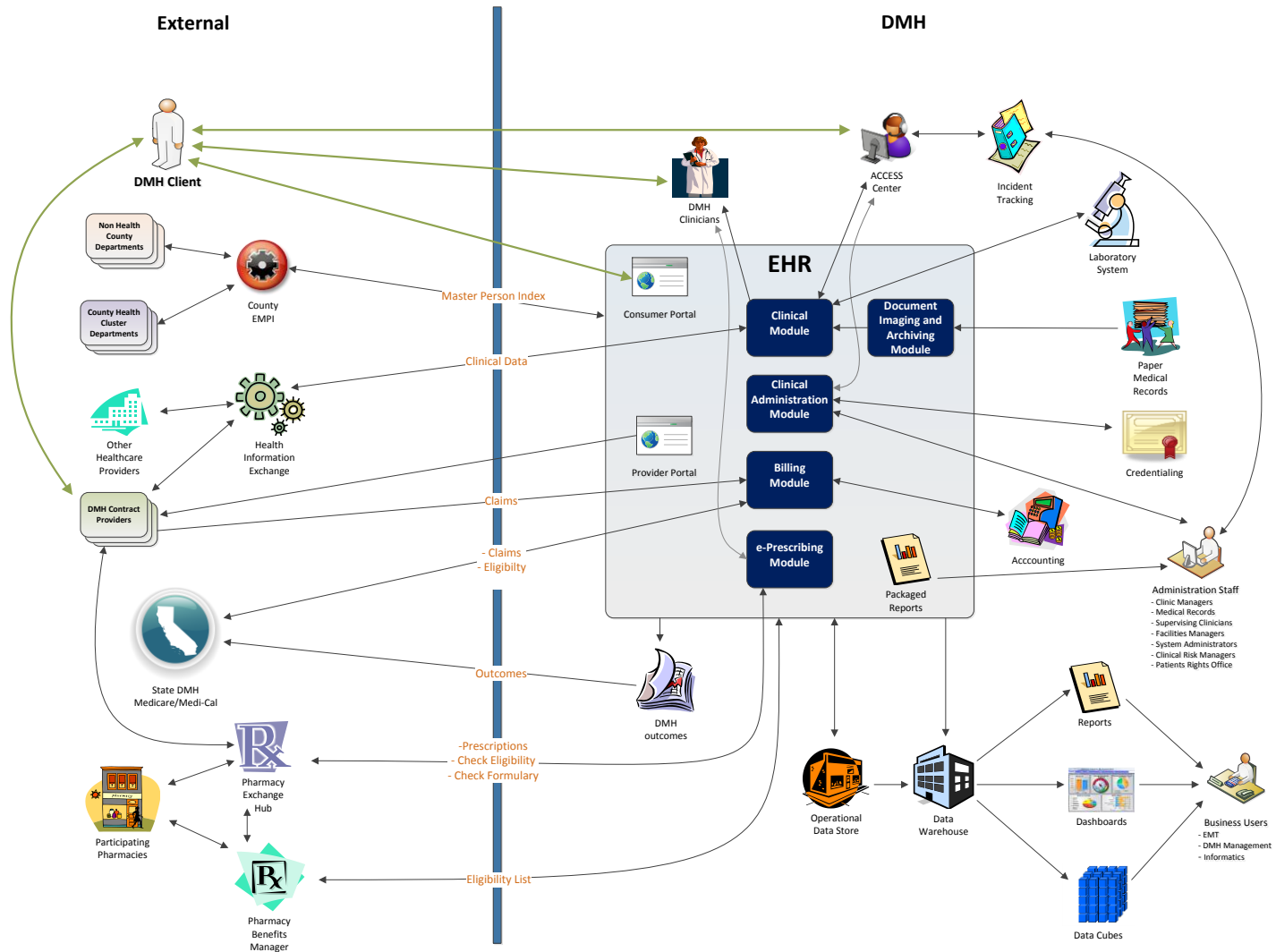
What is the IBHIS Program of Coordinated Projects?

- A collection of related projects required for the successful implementation of the Integrated Behavioral Health Information System
- The core Avatar Implementation and the IBHIS Program of Projects make up the greater IBHIS solution.



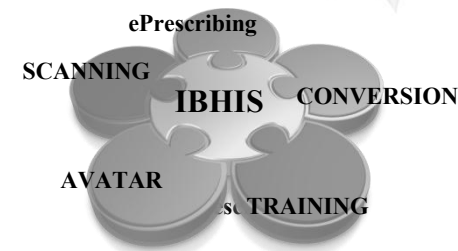
IBHIS Conceptual architecture

IBHIS Conceptual Architecture (Enterprise View)





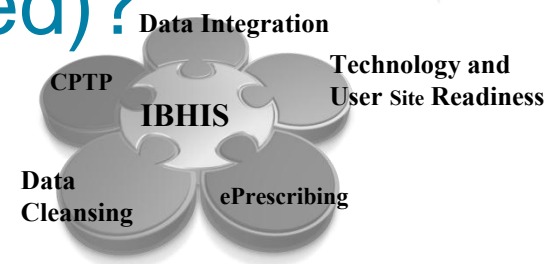
What Makes Up IBHIS?



- Avatar Implementation
- Indigent Medication Program System (IMP)
- OrderConnect ePrescribing
- Expanded ePrescribing Functionality (including adjudication)
- OrderConnect Laboratory and Results Reporting
- Medical Chart Scanning and Indexing
- IBHIS Training
- IBHIS Pre-Conversion Data Clean-Up
- Data Conversion
- Contract Providers Transition Project (CPTP)



What Makes Up IBHIS (continued)?



- Data Integration
- Technology and User Site Readiness
- Cutover and Parallel Operations Plan
- Transition to Post Acceptance Operations
- Data Warehouse Load
- Rendering Provider Data Collection and Maintenance
- Revenue Cycle Management Business Unit for DMH
- Provider Management Business Unit for DMH
- Identify Training and Testing Facilities



Pharmacy Information Management Systems (PIMS)

- Comprised of:
 - Indigent Medication Program System (IMP)
 - OrderConnect ePrescribing
 - Expanded ePrescribing Functionality (including adjudication)
 - OrderConnect Laboratory and Results Reporting
- Significant Accomplishments:
 - Project manager and project team in place
 - Acquired the MedData system to manage DMH's IMP
 - Acquired Netsmart's OrderConnect ePrescribing solution
 - Decision to use OrderConnect Lab Results Reporting
 - Defined requirements for expanded e-Prescribing functionality (including adjudication)



Medical Chart Scanning and Indexing

Purpose

- Capture select client medical records information electronically and make available in IBHIS.

Significant Accomplishments

- Project Manager in place, team resource needs being identified (contractor assistance likely at some point)
- Researched various scanning options for DMH
- Identified page count for historical batch scanning
- Received cost estimates for various outsourced batch scanning options
- DMH approach determined, but details are a work in progress

IBHIS Training



Purpose

- To develop a perpetual IBHIS Training Program, including:
 - Assessment of computer and typing skills readiness.
 - Providing prerequisite computer and typing training.
 - Training end-users on IBHIS application and workflow.

Significant Accomplishments

- PM in place, team resources adequate at this stage.
- Finalized IBHIS Training Plan and schedule.
- Basic skills readiness survey completed and procurement of typing training software.
- Developed supplemental online basic computer skills training.
- Working with DMH Admin Services and CEO resources to identify possible training sites (need at least 3 more)



Pre-Conversion Data Clean-Up

Purpose

- To ensure that predefined legacy system data is accurate for conversion to the target Avatar System.

Significant Accomplishments

- PM in place, most of needed resources available.
- 1.8 million client records analyzed. Approximately 200,000 duplicate records were merged.
- Proof of Concept was conducted for validating and cleansing IS rendering provider data and collecting new IBHIS required data elements. A team has been assembled to handle this subset of data cleansing because it is such a large task.
- 9,300 inactive rendering provider records were terminated which represents 45 percent of all rendering provider data.

Data Conversion



Purpose

- Convert client, episode and other selected legacy data to a format that can be loaded into the Avatar database.

Significant Accomplishments

- PM and team assigned.
- Project plan and schedule developed for data conversion.
- Obtained, configured and tested infrastructure (hardware and software) for data conversion staging environment.
- Initial data mapping of all record types in scope.
- Completed conversion program for client records, others in progress.
- Initial client record test file submitted to NTST.



Contract Provider Transition Project (CPTP)



Purpose

- Prepare contract providers to acquire certification to exchange claims, clinical and administrative data with IBHIS.
- Transition contract providers from DDE to EDI for claims submission (in advance of the IBHIS implementation if possible).

Significant Accomplishments

- PM and team assigned.
- 75% of the DMH Legal Entities have begun or completed the EDI Certification process for claims in the IS.
- 50% of all claims submitted electronically in FY 2011-2012
- 35% of all types of contract service providers (approximately 200) have begun or have completed the EDI certification process.



IBHIS Data Integration



Purpose

- Identify, specify, develop, test, and implement interfaces necessary for the IBHIS implementation

Significant Accomplishments

- EDI Proof of Concept (POC) for Client Search web service and 837 with LE partner (Telecare) – January 2013 target
- Partnering with ISD to set up Integration Infrastructure with guidance from Microsoft
- Interface analysis and development have begun
- Interfaces prioritized to identify the **22 necessary for Pilot 1**
- Identified Client Web Services and Claims Interfaces as the priority for Pilot 1
- Contract Provider Certification in the planning stage, but an area of concern with regard to available resources



Technology and User Site Readiness



Purpose

- Assess changes to physical/technical clinic work environment because of changes in roles and responsibilities resulting from the Avatar implementation. Adapt and reconfigure physical/technical work environment based on assessment results.

Next Steps

- PM identified, assembling a project team, possible shortages.
- Preliminary review of Pilot 1 sites initiated.



Cut-Over & Parallel Operations Plan



Purpose

- Identify actions and processes necessary to move DMH operations over to IBHIS from the IS and determine how to operate in the period when both systems are operational.

Next Steps

- PM in place; project team being assembled.



Transition to Post-Acceptance Operations



Purpose

- Set up policy, procedure and Infrastructure needed for operational support post-acceptance.

Next Steps

- PM assigned, assembling a project team.

Data Warehouse Load

Purpose

- Provide specific data from Avatar into the existing DMH Data Warehouse for reporting purposes

Next Steps

- PM assigned; assembling a project team.



Rendering Provider Data Collection and Maintenance

Purpose

- A subset of data cleansing, but requiring separate resources because of the scale of the effort required

Next Steps

- PM and team assigned
- Work in progress



Centralized Billing Office:

With assistance from Netsmart, organize, staff and deploy an efficient CBO to include:

- Required documentation
 - Policies and Procedures
 - Key Performance Indicators
 - Compliance and Audit reviews
- Staff
 - Identify Knowledge, Skills, and Abilities
 - NTST resources to be transitional until DMH resources fully prepared to take over the operation
- Optimized billing work flows
 - Medi-Cal
 - Medicare
 - 3rd Party/Commercials
 - Private Pay



Central Billing Office Early Staffing



Early Staffing needs:

- (1) Bureau Chief (currently posted County job bulletin)
- (3) NTST Associates
 - » Subject Matter Expert (SME)
 - Policies and Procedures, Compliance, Best Demonstrated Practices (BDP's)
 - » Process and Workflow Analyst
 - Front Office
 - Clinical Office (Provider Treatment)
 - Back Office (Fiscal)
 - » Billing Solutions Strategist
 - Avatar Solution Best Practices

*dates tentative until Detailed Work Plan revised

Meaningful Use Incentive Payments Assignment



- DMH Human Resources successfully negotiated the assignment of MU incentive payments to DMH
- An assignment provision will be added to the employment contract for all DMH employed Psychiatrists
- Psychiatrists will also sign a MU Incentive Program Registration and Payment Assignment Authorization Form
- Estimated value to DMH ~\$12M over 4 years